STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

January 15, 1988

TO: All County Welfare Directors
All County Administrative Officers

Letter: 88 - 01

SUBJECT: IMMEDIATE NEED MEDI-CAL CARD ISSUANCE

It has come to our attention that many Medi-Cal beneficiaries are either not aware or not informed of their right to receive an immediate need Medi-Cal card. Medi-Cal beneficiaries are entitled to receive such a card if they have met their share of cost, submitted the correctly completed share of cost form and have a medical need within ten days of the date the form is submitted to the county welfare office. This requirement is set forth in Title 22, CAC, Section 50745(b).

In order to assure that beneficiaries are aware of the right to an immediate need Medi-Cal card, the attached notice must be given to every beneficiary who hand carries a properly completed Medi-Cal Share of Cost form (MC 177S) to the county office. Any beneficiary who then requests an immediate need Medi-Cal card shall be provided with form MC 110, Medi-Cal Card/POE Label Request. Upon receipt of the completed MC 110 and certification that the share of cost has been met, the county must issue an immediate need card.

Counties are reminded that they must continue to forward the completed MC 177S forms to the Department in accordance with current procedures. Use of the attached information notice to inform beneficiaries is a temporary measure. The MC 177S, Share of Cost, is currently being revised to include information regarding the beneficiary's right to receive an immediate need card. At such time as the revised MC 177S forms become available, the information notice procedure will be discontinued. The revised MC 177S is anticipated soon and you will be notified by All County Letter when the new form is available.

In the interim, county welfare departments must photocopy a supply of the attached form and have it available in any county office where completed MC 177S may be accepted from a beneficiary. The county shall further instruct the staff in all such offices to give a copy of the notice to every beneficiary who comes in with a completed MC 177S.

This procedure is effective ten days following the date of this letter and will remain in effect until further notice.

If you have any further questions, please contact Toni Bailey at (916) 324-4967 (ATSS 8-454-4967).

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: December 1, 1988

EMERGENCY MEDI-CAL CARD REQUESTS

If you have met your Medi-Cal share of cost and turned in your correctly completed share of cost form to the county you are entitled to a Medi-Cal card. Usually the Medi-Cal card will be sent to you by the State about 10 days from the date you turned in your form.

If you have a medical need such as doctor visit, dentist visit, or you need medicine, etc., within the next 10 days, you have a right to get your Medi-Cal card the same day you turn in your completed share of cost form.

If you need your card right away, tell your county worker or the county employee you gave your share of cost form to. They will help you get your Medi-Cal card the same day.

If you run out of Medi-Cal stickers before the month is over you also have the right to get more POE stickers. Ask your county worker to give you as many additional POE stickers as you need for your medical care.

PETICION DE TARJETAS DE MEDI-CAL DE EMERGENCIA

Si Ud. ha pagado su parte de costo de Medi-Cal y ha devuelto el formulario correctamente completado de dicha parte de costo al condado, Ud. tiene derecho a una tarjeta de Medi-Cal. Generalmente, el Estado envia la tarjeta 10 días después de su entrega del formulario.

Si Ud. tiene alguna necesidad médica, tal como una visita al doctor, al dentista, o una medicina, durante esos 10 días, Ud. tiene derecho de recibir su tarjeta de Medi-Cal el mismo día que Ud. devuelve su formulario completo.

Si Ud. necesita su tarjeta inmediatamente, dígaselo al empleado del condado a quien Ud. entrega el formulario. Tal empleado le dará su tarjeta de Medi-Cal el mismo día.

Si se le acaban los cupones de Medi-Cal antes del fin de mes, Ud. también tiene derecho de obtener más. Pídale al empleado del condado que le dé tantos cupones como necesite para su cuidado médico.